Commonwealth of Massachusetts

Mass Fatality Management Plan

Supplement to the Massachusetts Comprehensive Emergency Management Plan

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1 Purpose

This living document serves as the Mass Fatality Plan for the Commonwealth of Massachusetts. An incident resulting in fatalities that exceed the normal operating capacity of the responding agencies will be designated as a mass fatality and will initiate the activation of this plan.

The plan establishes overall roles and responsibilities of the responsible agency and describes the necessary collaboration with partner agencies and organizations involved in a mass fatality response. This plan is meant to be used in conjunction with established standard operating procedures and protocols.

Users of this plan are encouraged to submit recommendations for changes to further clarify the plan to the Office of the Chief Medical Examiner.

2 Plan Maintenance and Distribution

The Office of the Chief Medical Examiner (OCME) is responsible for the maintenance of the Mass Fatality Plan. The plan will be reviewed annually and revised as needed to incorporate federal, state, regional and local guidelines or directives and to address operational issues identified during exercises and incidents.

Proposed changes must be provided to OCME for approval, coordination and distribution. Notices of change will be distributed by OCME.

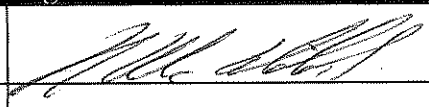
This plan will be posted with the Massachusetts Comprehensive Emergency Management Plan on the Massachusetts Emergency Management Agency (MEMA) website. The plan will also be posted on the websites of the Department of Public Health (DPH) and the Office of the Chief Medical Examiner. If unable to obtain the document from the website, requests must be coordinated through MEMA, OCME or DPH.

3 Training and Exercises

Training and Exercises may be ongoing and conducted at least once a year. These annual events will be used to assist in identifying gaps in procedures and reinforcing responsibilities of participating agencies. The plan will be updated as necessary to reflect any changes.

4 Record of Changes

The Mass Fatality Plan for Massachusetts will be reviewed annually by OCME. Minor changes are recorded on the table below, and inserts are prepared for inclusion in distributed copies. The individual responsible for revising the plan will sign and date below for each annual revision.

Year	Signature	Date
2011		June 21, 2011
2012		
2013		
2014		
2015		

Plan Component	Remove Pages Numbered	Insert Pages Numbered
8 Organization and Activation-additions; 9.16 Spontaneous Volunteers-addition; 10.1 Incident Morgue Locations-addition; 12 Hospitals-addition; 20 Continuity of Operations-addition.	n/a	n/a

5 Authorities

The Massachusetts Mass Fatality Management Plan is consistent with the following authorities:

- MGL Chapter 38. Medical Examiners and Inquests
- Executive Order No. 144. Civil Defense
- Massachusetts Civil Defense Act, Chapter 639 of the Acts of 1950, codified as Appendix 33
- MGL Chapter 114. Cemeteries and Burials
- MGL Chapter 46: Section 9. Death certificates issuance; contents; declaration of death by nurse, nurse practitioner or physician's assistant
- Aviation Disaster Family Assistance Act of 1996
- National Association of Medical Examiners Standard Operating Procedures for Mass Fatality Management 2010

6 Situation and Assumptions

A mass fatality can occur anywhere in Massachusetts and may be the result of a natural, accidental or intentional event. A mass fatality is not defined solely by the number of fatalities. Other factors include the condition of the remains, the accessibility of the scene, the complexity of the recovery and resources and capabilities of responding agencies. This plan is based on the following assumptions:

- Incidents will occur that will result in fatalities
- The Office of the Chief Medical Examiner and the Department of Public Health have a finite amount of resources
- Incidents will occur that will exceed the resources of the Office of the Chief Medical Examiner and the Department of Public Health
- Response to a mass fatality will require coordination with partner agencies and organizations
- Family members of the deceased will require a secure place to receive accurate and credible information
- The location or size of the mass fatality incident may exceed the capacity of existing morgues
- Response to a mass fatality incident may be hindered by the circumstances of the incident, such as hazardous materials contamination, severe weather and any other natural or man-made complications
- Mass fatality incidents will draw attention from media and curious bystanders
- Identification is a scientific process that is lengthy and requires attention to detail in assuring that each victim is positively identified through appropriate methods
- Following a mass fatality incident, there will be substantial pressure from the public to identify victims quickly

7 Concept of Operations

7.1 *Plan Activation*

The Mass Fatality Management Plan shall be activated by the Chief Medical Examiner or his/her designee in circumstances that fall under the jurisdiction of the Office of the Chief Medical Examiner (OCME). The Commissioner of the Department of Public Health shall activate the Plan when managing a mass fatality that does not fall under the jurisdiction of the OCME. OCME reporting guidelines are found in MGL Chapter 38.

7.2 *Multiagency Coordination*

Responding to a mass fatality will involve multiple agencies and organizations. Upon activation of this plan a Unified Command will be established that will include a representative from the responsible agency and the lead law enforcement agency having jurisdiction, as well as the Massachusetts Emergency Management Agency (MEMA). Agency representatives from local jurisdictions involved in the incident should be included in the Unified Command, depending on the nature of the incident. No single agency can manage a mass fatality without support from other agencies. All agencies involved will work together to ensure the complete recovery and processing of remains, care of the victims' families, and the maintenance of daily operations. Incidents, such as a pandemic or a widespread natural disaster, that cross jurisdictional boundaries may require agencies to manage the incident as multiple incidents or to establish an Area Command.

7.3 *Resource Coordination*

Mass fatality incidents will likely exceed local response capacity. Once local resources are no longer sufficient or are likely to be depleted, additional resources may be drawn from regional mutual aid agreements at the local, state and federal level using appropriate procedures. Massachusetts Emergency Management Agency (MEMA) will assist with resource coordination by locating and activating resources and facilitating resource requests from local, regional, state and federal agencies as well as through the Emergency Management Assistance Compact (EMAC).

8 Organization and Activation

The responsible agency for fatality management in most mass fatality incidents will be the Office of the Chief Medical Examiner. A major exception to this is a mass fatality resulting from a pandemic or other significant communicable disease outbreak resulting in a large number of deaths occurring in hospitals. In this circumstance, the Department of Public Health will be the responsible agency for the fatality management. The OCME will be involved to manage deaths that fall under its jurisdiction and play a support role as necessary.

The Chief Medical Examiner or designee or the Commissioner of the Department of Public Health or designee will make the decision to activate the plan based on a combination of factors including the number of fatalities, the condition of the remains and the overall complexity of the incident.

The following agencies and organizations will provide support as needed:

- Executive Office of Public Safety and Security – public information, media relations, representative of and liaison to the Office of the Governor, coordination amongst local, state and federal public safety and emergency management agencies
- Massachusetts Emergency Management Agency – resource coordination, communications support
- Department of Public Health, Emergency Preparedness Bureau – public health support and resource coordination
- American Red Cross – mental health support, family assistance, mass feeding
- Department of Mental Health – mental health support
- Massachusetts Funeral Directors Association – transport of remains, family assistance
- Massachusetts Peer Support Network – critical incident stress management for responders
- Department of Fire Services – hazmat management and decontamination, incident support
- Hospitals – patient tracking, managing a surge of patients/decedents
- Local Law Enforcement Agencies – security, crime scene investigation
- Local Emergency Management Planners – resource coordination with the state
- Emergency Medical Services – patient tracking
- Metropolitan Medical Response Systems (MMRS) – support for large scale incidents
- Fire Departments – fire suppression, emergency medical services, incident management
- State Police – security, crime scene investigation
- State Police Crime Lab – evidence processing, crime scene processing
- Massachusetts Port Authority – incident morgue and family assistance in Metro Boston
- MBTA Transit Police – security, crime scene investigation for incidents involving MBTA
- Salvation Army – support for first responders
- National Guard – logistical support, personnel, resources

- Department of Public Health Radiation Control Program – support for radiological incidents
- Mass211 – telephone inquiries
- Local Boards of Health – issuance of burial permits
- Other agencies not listed may have authorities, resources, capabilities, or expertise required to support response to a mass fatality incident. These agencies may be requested to participate in the response as needed.

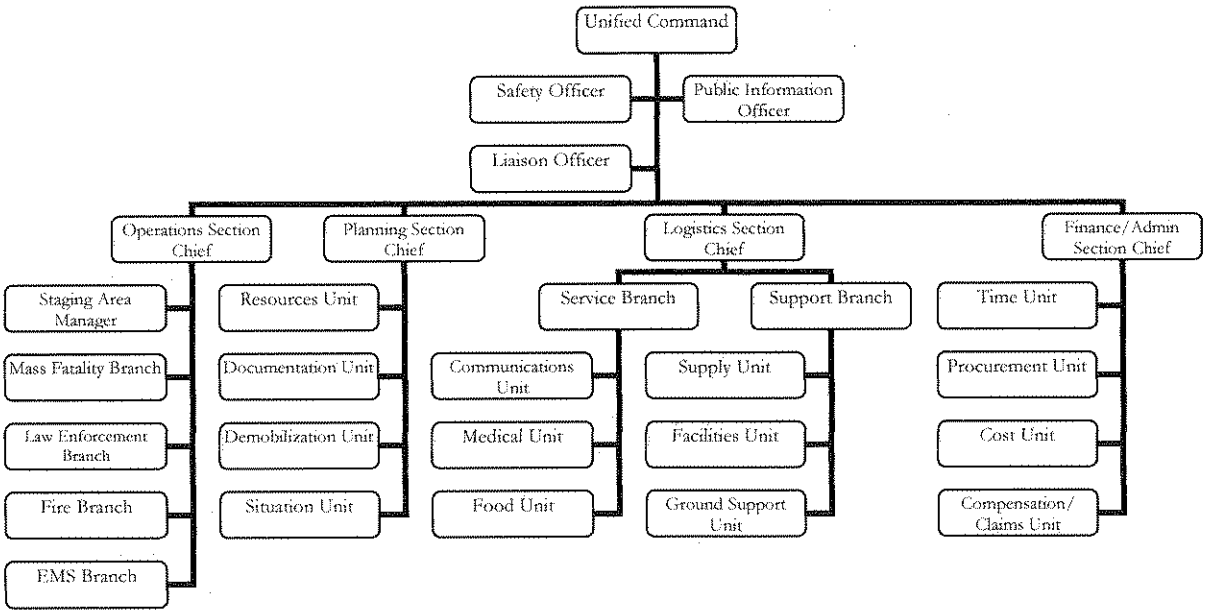
Federal resources may also be requested to assist as described in the Federal, State and Local Interface section of this plan.

9 Incident Management

9.1 *Incident Command System*

Massachusetts will operate under the Incident Command System during a mass fatality incident. Upon activation of this Mass Fatality Plan an Incident Command structure should already be established. Additional agencies activated under this Plan will integrate into the existing structure. The OCME and/or DPH will have a representative in the Unified Command. The public safety agencies having jurisdiction will also be represented in the Unified Command. Other agencies may be a part of the Unified Command depending on the nature of the incident.

The following organizational chart is an example of the way incident operations may be organized during a response to a mass fatality. Unified Command will determine the appropriate organizational structure based on the size and complexity of the incident. If available, identifying clothing or vests will be used to distinguish incident command roles.



9.2 *Jurisdiction*

Law enforcement jurisdiction in Massachusetts is defined geographically as well as by subject matter. Typically, Massachusetts State Police Detectives assigned to the respective District Attorney's office conduct death investigations within their assigned counties. Additionally, state police jurisdiction extends to state-owned property, buildings and certain designated waterways. State police detectives work in partnership with the local police and other state agencies. Notably, the District Attorney's office has delineated certain exceptions (e.g., Boston, Springfield, Worcester) which designate the local law enforcement agency as the lead agency in death investigations.

Under the National Response Framework, the United States Attorney General has lead responsibility for criminal investigation of terrorist acts. The Attorney General will generally exercise this responsibility through the Federal Bureau of Investigation.

9.3 *Perimeter Security*

In response to a contained or localized incident, the CME or his/her designee will work with law enforcement to establish the appropriate security perimeter around the scene of the mass fatality which is set up and secured by law enforcement. The perimeter security will include:

- Staff entry and egress points
- Restricted access (e.g., to the media, bystanders, and nonessential personnel) into and out of the scene and secured areas through the security perimeter
- Screening of agency identification badges
- Brief/debrief of personnel when entering or leaving the area
- Removal of unauthorized personnel from the scene
- Escort of and security for refrigerated trucks and other required/requested resources
- Request a no-fly zone over the scene

A death scene initially will be treated as a crime scene which must be maintained and minimally disturbed during the removal of survivors. No property, fragmented remains, or other items will be removed during the rescue operations unless they are critical to the full recovery of a survivor, in which case they may be transported to the hospital with the victim. Once all survivors have been removed, the scene is secured and access restricted to facilitate further investigation and removal of decedents.

A two-zone perimeter will be established. The inner perimeter includes all areas in which victims, evidence or property may be found. Entry into the inner perimeter must be strictly controlled and documented and will be limited to those personnel authorized by the CME or his/her designee. Entry into the inner perimeter will be by specific identification only. An outer perimeter will be immediately established by law enforcement at the maximum distance from the incident that can be secured. No one other than assigned emergency workers will be allowed within the outer perimeter. If the incident involves hazardous materials, hot, warm and cold zones will be established.

In response to a widespread mass fatality, the security needs are less predictable. Law enforcement may have to provide security at hospitals and at various locations throughout the impacted area.

9.4 *Credentialing*

All responding personnel must check in at the designated location. Each responder must present an agency ID. Funeral home personnel will be expected to present a funeral home license and a valid driver's license.

9.5 *Staging Area*

The Staging Area is the location where personnel and equipment awaiting assignment will gather. The area must be a safe distance from the incident and easily accessible by responding agencies. There may be multiple staging areas if deemed necessary by the Operations Section Chief or the Unified Command.

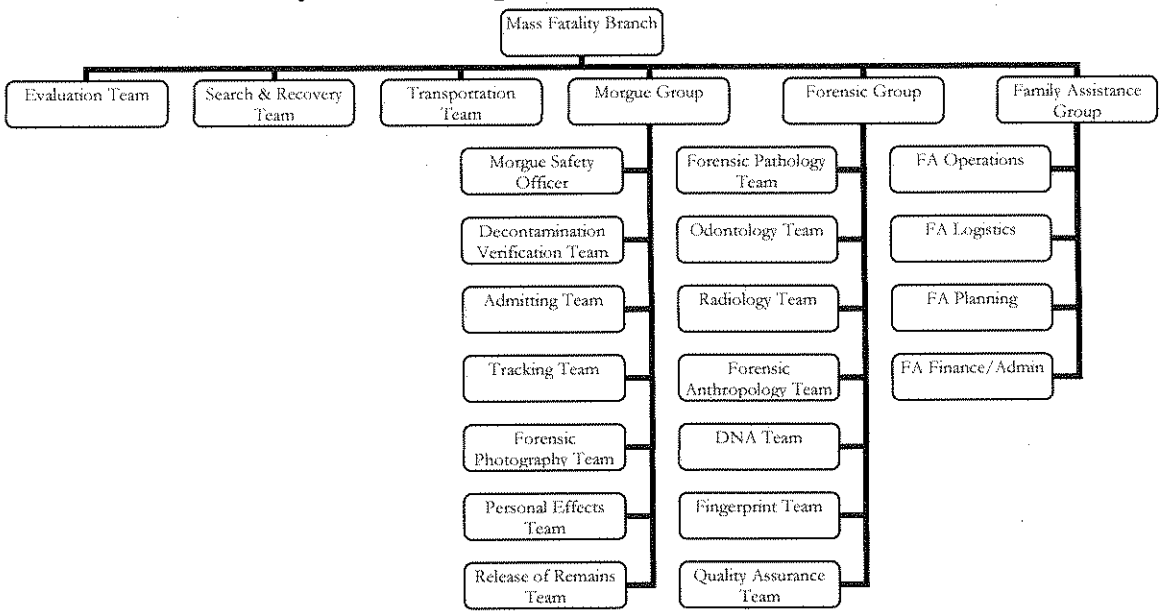
9.6 *Crime Scene Investigation*

Law enforcement will conduct on-scene investigation. This will include securing the scene and canvassing the area. Witnesses and suspects will be interviewed. The scene will be processed including the collection of photographs and evidence.

9.7 *Chief Medical Examiner*

When the Chief Medical Examiner (CME) or his/her designee is responsible for activating the Mass Fatality Plan he/she will serve as part of the Unified Command. The CME will evaluate the scene to ascertain the number and condition of the human remains, the accessibility of the scene, and any challenges associated with the recovery. He/she will designate personnel to conduct the recovery of remains. He/she will identify a location for an incident morgue and activate the resources needed for staffing and equipment. The CME will determine if a Family Assistance Center (FAC) or Family Information Center (FIC) has been established and will activate the Identification Team. The CME assigns personnel to maintain daily OCME operations for the duration of the incident. He/she will work closely with the Chief of Staff to ensure that accurate information is relayed to the families and to the Executive Office of Public Safety and Security (EOPSS) Director of Communications.

9.8 *Mass Fatality Branch Organizational Chart*



9.9 *Mass Fatality Branch Director*

The Mass Fatality Branch Director supervises the Evaluation Team, Search and Recovery Team and Transportation Team at the incident site, as well as overseeing the operations at the Incident Morgue and the Family Assistance Center/Family Information Center.

9.10 *Decontamination Team*

The Department of Fire Services (DFS) Hazardous Materials Response Division, when requested, will coordinate the decontamination and worker protection portion of the response. The National Guard, when requested through MEMA, can augment DFS services.

9.11 *Evaluation Team*

The Evaluation Team is comprised of the Chief Medical Examiner and the Deputy Chief Medical Examiner or designee. They integrate into the command structure and confirm with the Unified Command that scene security and safety clearance have been accomplished and that survivors have been removed. They will receive clearance from Unified Command to enter the scene. The Evaluation Team will assess the scene to determine the following:

- Potential or real number of fatalities
- Condition of the human remains
- Open or closed population (closed population is when the number and names of victims is known)
- Size of the incident scene
- Accessibility of the incident scene

- Level of difficulty in recovery
- Possible biological, chemical, or radiological hazards

The Team will formulate a plan for documentation, body recovery and transportation including the following:

- Types and numbers of personnel and equipment needed
- Site for Incident Morgue and estimate of personnel needs
- Site for the Family Assistance Center, if not already established, and estimate of personnel needs

9.12 *Search and Recovery Team*

When all survivors have been rescued from the scene, the mission shifts to search and recovery. Search and Recovery (SAR) involves locating and removing human remains, fragmented remains and personal effects. All human remains and fragmented remains must be treated with the utmost dignity and respect at all times. The Search and Recovery Team, made up of local law enforcement personnel and State Police Crime Scene Services, a Forensic Anthropologist from the OCME and other personnel designated by the unified command, systematically searches for and marks the locations of human remains, fragmented remains and personal effects. The SAR Team establishes a search plan that provides for a thorough, deliberate, overlapping search of the scene. They ensure that a perimeter is established around the scene, that access is controlled and that remains and personal effects are not removed or disturbed. The SAR Team maintains a log to record numbers and location of human remains and fragments as they are found. The State Police Collision Analysis and Reconstruction Section (CARS) may be requested to conduct forensic mapping using Total Station. They will photograph and video record the scene prior to removing any of the remains or personal effects. Each unit of human remain(s) is tagged, numbered and removed from the site by State Police Crime Scene Services and the OCME. Remains are transported to the morgue by the Transportation Team. All personal effects found on a body or in association with human remains are not removed and stay with the body when it is placed into the body bag. Each human remain(s) is placed into a separate body bag and given a separate number.

9.13 *Data Management*

The Metro Boston Patient Tracking System will be utilized to manage data from the scene of the incident to the hospital for mass fatalities that occur in the Metro Boston area. A similar system is utilized in the Springfield and Worcester areas. The FAC may access data through the Tracking System's website as to provide information to families whose loved ones have been triaged to a hospital. Specific case details of the injured person must be released by the respective hospital staff and not FAC personnel.

The OCME will manage and track human remains with their internal case management system.

9.14 *Transportation Team*

The Transportation Team transports remains from the scene to the Incident Morgue. The assigned member of the Team at the scene will log the remains and give the log to each driver who transports the remains. Upon arrival at the Incident Morgue, the driver releases the remains along with a copy of the log. The log will be checked by the Admitting Team at the Incident Morgue. The Transportation Team may be staffed by OCME staff. For larger incidents, funeral directors may be requested to assist with transportation.

9.15 *Crime Lab*

The State Police Crime Lab will deploy personnel including chemists, photographers and ballisticians as needed to the scene. The scene will be processed including photographing and documenting evidence. The Crime Lab will process any DNA samples, fingerprints and personal effects that are considered evidence.

9.16 *Spontaneous Volunteers and Self-Dispatching*

For the safety of everyone involved in the management of a mass fatality, at no time will self-dispatching of responders be permitted. Any responder that arrives at any of the operational areas without being requested through proper channels will be turned away.

Following mass fatalities, many well-meaning citizens will show up to volunteer. All volunteers responding to a mass fatality must be affiliated with an agency or organization that has been requested to respond. At no time will spontaneous volunteers be utilized during a response to a mass fatality. Local emergency management plans should address the issues of spontaneous volunteers for this event as well as other hazard responses.

Upon activation of the Mass Fatality Management Plan, Unified Command may activate the MA Peer Support Network. The MA Peer Support Network will coordinate with the local CISM team and the State Coordinator (Appendix B).

10 Incident Morgue Operations

Depending on the size and nature of the incident, the CME or his/her designee will determine where to establish an incident morgue. The site may be at the Office of the Chief Medical Examiner or another location closer to the incident. The CME or his/her designee will lay out the morgue giving consideration to the physical condition of the decedents, the number of decedents, and the number of personnel needed to perform morgue functions. The operational areas may include areas for decontamination verification, admitting, forensic pathology, forensic photography, personal effects, fingerprinting, odontology, radiology, anthropology, DNA and release of remains.

The main purposes of morgue operations are to determine the cause and manner of death and identify decedents. All fully intact or fragmented human remains entering the morgue must go through the admitting station and receive a morgue number. A thorough tracking and/or logging system must be in place to keep an account of all human remains being entered into the morgue and processed. A numeric system will be determined by the CME or his/her designee. The use of highly-skilled professionals for each of the morgue operational areas is important. Postmortem records will be completed for each decedent as they are processed through each of the operational stations. Postmortem records include DNA, personal effects, photography, radiographs, anthropology, fingerprints, and odontology and pathology reports.

The postmortem records will be compared to the antemortem records obtained from the decedents' families and other sources such as finger print repositories and hospital X-rays. Personal effects found on the victim will not be used as positive identification, but rather tentative identification. Positive identification is a responsibility of the CME or his/her designee. On a case by case basis the CME may permit visual recognition as a form of identification. After identification is established, the CME can release the remains in accordance with the desires of the next-of-kin.

A mass fatality incident is a traumatic event for the next-of-kin, as well as for the community. There will be tremendous pressure on the OCME to identify the victims quickly. It is crucial to follow procedures and resist the temptation to make hasty identifications to appease the public. The Public Information Officer may be able to assist with explaining the importance of making positive identifications. But it is important for all of the morgue staff to realize that it will be impossible to meet the expectations of the general public, no matter how quickly or efficiently the victims are identified.

10.1 *Incident Morgue Locations*

During a mass fatality incident, it may be necessary for the Chief Medical Examiner to identify an incident morgue due to the number of fatalities or the location of the incident. An incident morgue is the location where decedents are identified, cause and manner of death is determined, property is identified and secured, and disposition decisions are made. Local funeral homes may be able to help transfer decedents from the scene to the Incident Morgue.

Depending upon the size and location of the disaster and the number of fatalities involved, the current morgue facilities at the OCME might not be sufficient to handle the mass number of decedents. In this case the OCME morgue facility will only be used for deaths that occur within Massachusetts on a daily basis. The OCME does have a portable morgue that would be used during a mass fatality event. The Incident Commander and Chief Medical Examiner would consult to determine the most appropriate place for this tent.

If the Chief Medical Examiner determines the portable incident morgue would not be set up, then another facility may be utilized. The following requirements will be considered in deciding whether a facility is adequate enough to support incident morgue operations:

- Secure with perimeter fence if possible
- 5000-8000 square feet of space
- Hot/cold running water
- Electricity
- HVAC
- Drainage
- Bio-waste storage/removal capacity
- Parking
- Restrooms
- Communications (telephone lines installed, internet)
- Temperature-controlled rooms or space to accommodate refrigerated transport containers

Some examples of facilities that might be appropriate locations for an incident morgue would be:

- Airport hangar
- Unused warehouse
- National Guard Armory
- Medical Examiner Office

The OCME will avoid the use of the following types of facilities as incident morgue locations:

- Schools
- Public facilities (e.g., ice skating rinks, sports stadiums)
- Hospitals

10.2 *Refrigeration*

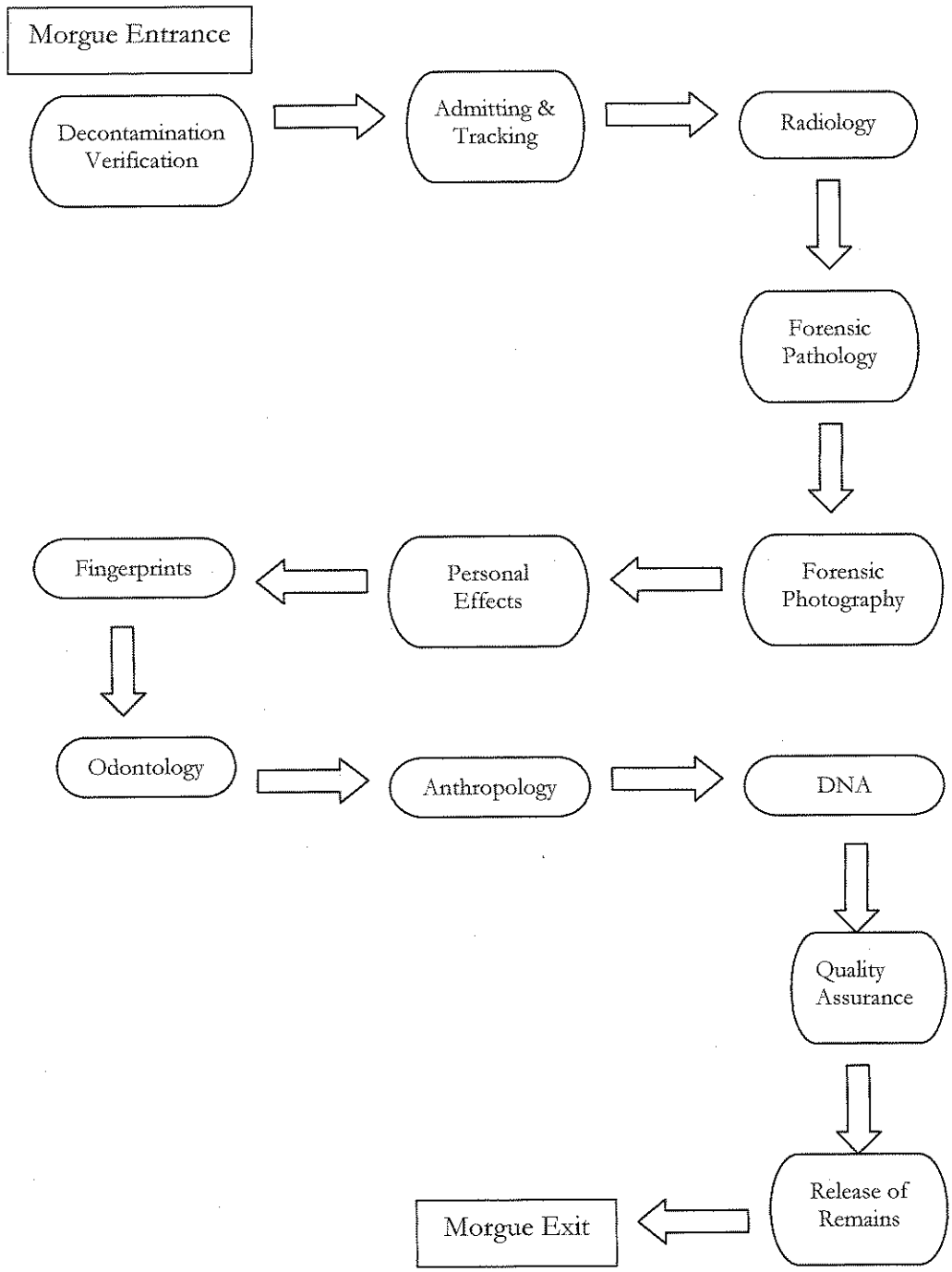
Following a mass fatality incident, it is possible that demand for morgue space will exceed available capacity and a Incident Morgue will have to be established. Proper refrigeration of remains is essential. Requests for refrigerated trucks will be coordinated through MEMA. MEMA will facilitate obtaining the trucks, but the requesting agency will take responsibility for managing the trucks and for any associated costs. The trucks will need to be secured by the appropriate law enforcement agency based on the location. The following guidelines will be used to ensure appropriate refrigeration:

- Acceptable surge morgues include rooms that can be temperature controlled or refrigerated transport containers ("reefers")
- Remains must be stored at 38° to 42° Fahrenheit
- Storage areas must have low humidity
- Remains must lay flat with space to walk between
- If space is limited, storage racks are acceptable, but must be sturdy enough to hold the weight
- Remains must not be frozen
- Remains must not be stacked
- Ice rinks are <u>not</u> acceptable for storage

10.3 *Bio-waste*

The OCME will bring empty hazardous waste boxes to the incident morgue and will return them to the office sealed. The boxes will be picked up from the OCME according to normal procedures. The OCME will manage the waste produced in the morgue. Any entity providing decontamination will manage that waste according to the entity's standard operating procedures.

10.4 *Incident Morgue Flow Chart Template*



10.5 *Incident Morgue Positions*

The following positions will be assigned to staff the Incident Morgue. Positions must be assigned to trained and qualified individuals. All Incident Mortuary Operations will fall under the responsibility of the CME or his/her designee.

10.5.1 Morgue Group Supervisor

The Morgue Group Supervisor manages all non-scientific morgue staff. He/she is responsible for maintaining adequate staffing levels at the Incident Morgue throughout the incident, ordering supplies, and ensuring proper processing technique compliant with OCME policies for each team.

10.5.2 Forensic Group Supervisor

The Forensic Group Supervisor manages the scientific staff at the Incident Morgue ensuring that proper procedures are followed. The Supervisor oversees the process of victim identification and makes sure that injuries and evidence for investigative purposes are properly documented. He/she ensures that proper scientific staffing is maintained throughout the pathology, fingerprint, odontology, anthropology and DNA stations. The Forensic Group Supervisor reviews all positive identifications with the Chief Medical Examiner.

10.5.3 Morgue Safety Officer

The Morgue Safety Officer assists in the setup of the incident morgue, supervises proper morgue waste management processes, and maintains compliance with OCME safety standards. The Morgue Safety Officer also ensures that essential mass fatality equipment is accessible to the staff working at the incident morgue and assists with ordering other personal protective equipment.

10.5.4 Decontamination Verification Team

Decontamination will be done in the field as needed. The Decontamination Verification Team is made up of HazMat Technicians. For incidents involving contamination, the Decontamination Verification Team, managed by the Department of Fire Services, monitors remains entering the morgue to ensure they have been thoroughly decontaminated. The Decontamination Verification Team will also periodically monitor the morgue to ensure that it is not contaminated.

10.5.5 Admitting Team

The Admitting Team manages postmortem files and serves as the point of contact for morgue operations. The Admitting Team checks the transportation log which accompanies all human remains transported to the morgue from the disaster site. The log contains the number of body bags in the transport vehicle, the vehicle license plate number, the signature

of the driver, and the recovery team that recovered the remains. The Team ensures that a morgue number is assigned to the human remains. A forensic anthropologist or pathologist may be present in the admitting section to assist in the triage of the remains and ensuring that the trackers escort the remains to a specific morgue location. The Admitting Team maintains an admitting log that reflects the date, time, admitting person's name, tracker assigned and destination of the remains.

10.5.6 Tracking Team

The Tracking Team escorts assigned human remains through the entire process. The Tracking Team maintains full control and tracking of human remains throughout the morgue while maintaining the chain of custody and safe keeping of documentation. The Team ensures that the proper documentation forms are collected and transfers them along with the decedent to the Release of Remains Team once the process is completed.

10.5.7 Forensic Pathology Team

The Forensic Pathology Team determines the cause and manner of death. The Forensic Pathology Team documents injuries and evidence for investigative purposes and examines any specific or unusual injury patterns associated with personal effects (e.g., abrasions due to glasses, burn marks from a wrist watch).

10.5.8 Forensic Photography Team

The Forensic Photography Team is staffed by the State Police Crime Scene Services. They photograph all human remains that enter the morgue and maintain a chronological log indicating the Morgue Admitting Number and a description of the remains. The Forensic Photography Team photographs any identifiable characteristics such as tattoos or scars, and any injury or trauma to collect photo documentation that can be used in criminal proceedings if necessary. Only authorized persons, such as the Forensic Pathology and Personal Effects Teams may take photographs inside the morgue. No photos will be released, duplicated or removed from the morgue without the written permission of the Chief Medical Examiner.

10.5.9 Personal Effects Team

Personal effects are classified into the following categories:

- **Associated** – Personal items that can be identified to a specific victim. Examples are items such as rings or earrings that are found on the victim or articles such as a wallet found in a carry-on bag with a driver's license, credit cards, and other items with a specific person's name.

- **Unassociated** – Personal items that cannot be identified to a specific person. Examples may be a necklace or earring found near, but not on a victim, or clothing that has spilled out of a suitcase.

The Personal Effects Team photographs and documents any clothing or jewelry found on a victim before it is removed by a designated person in the morgue. Personal effects are not returned to families while they are in the Family Assistance Center/Family Information Center.

When the mass fatality incident is an aviation crash that falls under the Aviation Disaster Family Assistance Act, the air carriers have specific protocols established on the handling, processing and return of personal effects to the appropriate family members.

10.5.10 Fingerprint Team

The Fingerprint Team is staffed by the State Police Crime Scene Services. They organize and implement the processing effort to obtain postmortem prints from the human remains. The Fingerprint Team conducts comparisons between the postmortem and all available antemortem records. The Team processes the prints and verifies by two qualified fingerprint specialists and then discusses the identification with the Chief Medical Examiner for approval.

10.5.11 Odontology Team

The Odontology Team reviews human remains for potential identification utilizing the most appropriate technique. Radiographs of all dentition are required in cases where there is no positive ID and antemortem records have not yet been located. Remains will go through each station of the morgue. A station is not skipped unless remains are not present to go through the station. The results will be used in comparisons for identification.

10.5.12 Radiology Team

The Radiology Team uses radiographs for identification of victims through antemortem and postmortem comparisons. Radiographs are also used to locate foreign objects in a particular body. The Radiology Station will be in an area of the morgue that is secluded from the other processing stations. A Forensic Anthropologist will also staff the Radiology Team to help determine if remains are human or nonhuman and to aid in identifying commingled cases.

10.5.13 Forensic Anthropology Team

Forensic Anthropologists may assist at the recovery site as well as in the incident morgue. He/she reports to the CME or his/her designee. The Forensic Anthropologist will brief the personnel at the site prior to commencing activities. The Forensic Anthropologist ensures recovery of all human remains that will be transferred to the incident morgue and ensures proper documentation for each body bag leaving the site. He/she maintains records identifying the location of remains within the disaster site.

At the morgue the Forensic Anthropologist maintains a log including the date, time, location, bag number and a brief description of the condition of the human remains.

He/she analyzes skeletal remains to determine gender, age, ethnicity, stature and distinguishing characteristics. The Forensic Anthropologist separates commingled remains and ensures that a new number is assigned to each fragment. He/she compares ante-mortem and postmortem data to determine positive identification (e.g., radiographs, skeletal information). The Forensic Anthropologist may remove bone samples for DNA testing if needed.

10.5.14 DNA Team

The Chief Medical Examiner or designee will determine the criteria to be used for tissue sampling and testing. The DNA Team will obtain tissue samples from all human remains even if all remains have been positively identified. The State Police Crime Lab or Boston Police Crime Lab typically will only process DNA samples that are obtained for a criminal investigation. In other circumstances, the OCME will contract for DNA testing to be done by a private lab.

10.5.15 Quality Assurance Team

The Quality Assurance Team is staffed by a Forensic Anthropologist, an Odontologist, a Forensic Technician and a Medicolegal Investigator. The purpose of the team is to review postmortem records to ensure they are complete, and to ensure identifications are correct prior to release from the morgue.

10.5.16 Release of Remains Team

The Release of Remains Team ensures that all necessary release documentation is in order. A log will be used documenting the morgue number, name of deceased, date and time of release, name of funeral home, driver name, vehicle's license plate number and driver signature. The release process will include a compete review of all identification documentations and a cross check of all morgue numbers including those established at the site and in the morgue. Professional funeral or OCME vehicles will be used for transport and remains will not be stacked in the vehicles.

11 Holding Facility

Based on the circumstances of the incident, there may be a need for a Holding Facility. A Holding Facility will be established if there is a large number of remains waiting to be processed or waiting to be transported to funeral homes. Remains waiting to be transported to the morgue will be kept separate from remains already identified and waiting to be transported to funeral homes. The location will have an office for the personnel who are managing the Holding Facility. All remains will be logged and their location will be mapped. Remains will be stored at a temperature of 38-42 degrees Fahrenheit. Transporting remains to and from the Holding Facility will require the use of professional funeral or OCME vehicles. The holding facility will be staffed by OCME and DPH personnel and secured by law enforcement. Law enforcement will ensure that only authorized personnel enter the facility.

11.1 *Fixed Facility*

A holding facility inside an existing building will meet the following requirements:

- The facility will be staffed 24/7
- All remains will be stored in body bags and marked with an accurate and reliable numbering system implemented by OCME
- Remains will not be stacked – metal or plastic shelving may be used to allow additional space (wood shelving will never be used)
  - Metal or plastic shelving may be acquired from home supply stores
- Exterior doors will be locked at all times
- Access to the building will be limited
- The building will be well lit
- Holding facility personnel will have office space
- The building will have refrigerated storage
- Facilities will be screened from public viewing to ensure proper dignity and respect

11.2 *Refrigerated Transport Vehicles*

If a fixed facility is not available to be utilized as a holding facility, refrigerated transport vehicles may be used and must meet the following requirements:

- The facility will be staffed 24/7
- All remains will be stored in body bags and marked accordingly
- Remains will not be stacked – metal or plastic shelving may be used to allow additional space (wood shelving will never be used)
- Refrigerated trucks can generally hold 25-30 bodies
- Trailer doors will be locked at all times
- Access to the trailers will be limited
- Exterior markings on the trailers will be covered

- The trailers will be in a secure, preferably fenced, location
- The location will be well lit
- Holding facility personnel will have office space

11.3 *Tracking*

Holding Facility staff will maintain a log with at least the following information:

- Name and/or human remains number
- Date in and out of the holding facility
- Time in and out of the holding facility
- Name and signature of personnel accepting or releasing the human remains
- Location of the human remains within the holding facility

12 Hospitals

Hospitals in Massachusetts have an internal Mass Fatality Management Plan. Mass fatalities that occur in hospitals, such as deaths due to a pandemic or by natural causes, will fall under the jurisdiction of the Department of Public Health (DPH). Each hospital will follow its own internal procedures for managing a mass fatality. In the event that a death occurs at a hospital from a mass fatality incident that the OCME is managing, the notification of death would be reported to the OCME following the hospitals normal procedures. The reporting entity must state that the decedent was brought in to the hospital from the mass fatality incident. The OCME would then make arrangements to have the decedent transported to the incident morgue location.

12.1 *Storage*

DPH may activate this Mass Fatality Management Plan in order to support the hospitals. Hospitals will quickly run out of morgue space and will need support from other agencies and organizations to transport remains from the hospitals and store the remains in a holding facility until they can be processed. DPH will contact MEMA to request refrigerated trucks to temporarily store remains. If hospitals statewide are impacted, the refrigerated trucks will be strategically placed and secured across the state and remains will be transported to these locations from the hospitals. If the mass fatality is more localized and only affecting some hospitals, then it may be possible to park the refrigerated trucks at the impacted hospitals.

12.2 *Transport*

For widespread incidents that will require remains to be transported from the hospitals to the refrigerated trucks, the issue will be transport. Funeral homes can be contacted through the Massachusetts Funeral Directors Association to assist with the transport of remains.

12.3 *Patient Confidentiality – HIPAA Privacy Rule*

Providers and health plans covered by the HIPAA Privacy Rule can share patient information during emergencies in order to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care. They can provide the individual's location, general condition or notification of death.

Providers and health plans covered by the HIPAA Privacy Rule can also share information to disaster relief organizations without obtaining the patient's permission if doing so would interfere with the organization's ability to respond to the emergency. The disaster relief organizations are not covered by the HIPPA Privacy Rule and can therefore share patient information if necessary.

Additional information regarding the HIPAA Privacy Rule in emergency situations can be found at:
http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations.

12.4 *Organ Donation*

Hospitals are obligated under federal regulations to refer all deaths to an Organ Procurement Organization (OPO). The Organ Bank does not have the authority to waive this requirement in the event of a mass fatality. However, the Organ Bank will do everything possible to provide support to the hospitals and the decedents' families and to honor the wishes of the decedents or their families. The Organ Bank can provide staff on site at hospitals and at the OCME to assess donation potential and to talk with families as appropriate.

13 Recovery Teams

During incidents such as a pandemic there may be a large number of deaths occurring at home. Coordination between multiple agencies will be necessary in order to keep up with the collection of remains. Recovery teams, if requested, may be made up of personnel from funeral homes, National Guard and OCME will work together to recover remains from homes. The Recovery Teams will work closely with law enforcement and EMS in cases involving unattended deaths.

14 Disposition of Remains

When processing of human remains has been completed, final disposition will be in accordance with MGL 114: Section 43M — "Permanent disposition of dead bodies or remains." Once remains have been identified, the Medical Examiner or physician will certify the cause and manner of death on the death certificate. The funeral home that the family has chosen will transport the remains and complete the filing of the death certificate. Burial permits are issued by the local Boards of Health. The process of filing death certificates and issuing burial permits may be considerably slowed following a mass fatality such as a pandemic because of the number of fatalities. Remains will be temporarily stored in a holding facility if necessary as described in the Holding Facility section of this Plan.

14.1 *Unclaimed and Unidentified Remains*

Government officials will determine the manner in which unclaimed and unidentified remains and personal effects will be disposed and memorialized when the processing is complete.

14.2 *Temporary Interment*

Following a mass fatality incident cemeteries and crematories will operate as usual. When they reach capacity or cannot keep up with the number of burials/cremations they will notify the proper government authorities. At this point the decision may be made to use temporary interment. This is temporary burial of human remains. The burial slows decomposition by providing natural refrigeration. If families choose, they may have the remains disinterred when the emergency is over. For this reason, the remains must be tagged and tracked. Temporary interment may also be used prior to identification if the Office of the Chief Medical Examiner runs out of alternative refrigerated storage prior to making identifications. The remains will be tagged with their OCME number if they have not been identified. Temporary interment will be a last resort when other means of refrigerated storage are not available.

Following the emergency some families may choose not to have their family member disinterred. For this reason, temporary interment will take place in a cemetery. Nonsectarian cemeteries will be used out of respect for religious customs. If possible, one cemetery will be used. If this is not possible, then the minimum number of cemeteries possible will be used.

If possible, the remains will be buried in individual graves, but communal graves may be used in extreme situations. In these situations the remains will not be stacked; they will be in a single layer. The burial site(s) will be properly marked.

It is important to note that the remains of victims of natural disasters do not cause epidemics. The public will not be handling the remains, so they are at very little risk. Emergency workers handling the remains are at limited risk from infectious diseases if they come into contact with the bodily fluids of a person carrying an infectious disease. To

protect themselves they will wear appropriate personal protective equipment. Most infectious diseases do not survive beyond 48 hours in a dead body. Temporary interment will be used to preserve the remains when other storage options are unavailable until they can be properly buried, not out of fear of an epidemic.

14.3 *Fragmented Remains*

Following a mass fatality resulting in fragmented remains, the OCME staff will confer with families to determine if the family wishes to be notified of the first identification only, every time a fragment is identified, or when all remains have been identified.

14.4 *Presumptive Death Certificates*

In a mass fatality situation where there are no remains to recover for identification or where identification cannot be made because of the condition of the remains, presumptive death certificates may be issued. This will allow for families to proceed with insurance claims. Typically the process of receiving a presumptive death certificate through the court may take a family 5-7 years. Following a mass fatality the Chief Medical Examiner may petition the court to allow a presumptive death certificate. If a person from another state dies in the incident, the CME would go to court in Massachusetts rather than the decedent's home state.

15 Personal Protective Equipment

Special consideration must be given to the health and safety of personnel working within the search and recovery site and the morgue. No person is to enter an incident site or morgue without wearing appropriate personal protective equipment (PPE). The Safety Officer(s) will ensure that appropriate personal protective equipment is worn.

15.1 *Search and Recovery Site Personal Protective Equipment*

The minimum PPE standard at the search and recovery site will be:

- Headwear/hardhat
- Protective body suit (e.g., Tyvek)
- Filtering face mask
- Eye protection
- Protective gloves
- Protective boots

In determining the level of PPE required, factors that should be taken into account include:

- Biological hazards
- Dangerous chemicals
- Sharp objects
- Airborne contaminants
- Site challenges
- Weather conditions
- Terrain
- Dangerous substances (e.g., asbestos, carbon fiber, composite fibers)
- Hazardous waste

15.2 *Morgue Personal Protective Equipment*

A risk assessment will be conducted in the morgue to determine the appropriate level of PPE. The minimum PPE standard for those working directly with the remains at the morgue will be:

- Tyvek Suit
- Gloves
- N-95 Mask, PAPRS if needed (CBRN) – fit testing and training is required
- Booties/rubber boots
- Apron
- Sleeves

15.3 *Personal Protective Equipment Resources*

The following resources may be useful for determining the appropriate personal protective equipment when responding to mass fatalities involving chemical, biological or radiological agents:

- NIOSH Pocket Guide to Chemical Hazards
- US Department of Transportation Emergency Response Guidebook
- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- CDC Guidelines for Handling Decedents Contaminated with Radioactive Materials

16 Family Assistance

16.1 *Overview*

In the immediate aftermath of a disaster, a priority of the response will be to provide swift and effective humanitarian care, comfort and support to those directly affected. These objectives may be achieved through the operation and establishment of either a Family Assistance Center (FAC) or a Family Information Center (FIC). The FAC or FIC will function as the main location providing support for the affected families. The centers will be staffed 24/7 with professionals and volunteers trained to provide mental health support and guidance through the legal processes of death notification, personal effects and provision of memorial services. A FAC is typically not open for more than three weeks, but a FIC could remain open for much longer. Based on the incident there may be more than one FIC, but there will only be one FAC. If there are survivors they may also choose to go to the FAC/FIC to receive support services and to be reunited with family.

The decision to establish either a FAC or a FIC depends on the type of disaster. A FAC is the best practice solution for family welfare in controlled, limited disasters where the number of affected persons is known such as transportation accidents or building collapses. In these cases, the responsibility to inform, provide travel arrangements, accommodation and financial support falls in the hands of the affected private organization (airline, cruise line, rail company, corporation, etc.) and its insurance provider. A FIC is the best practice solution for disasters that affect large geographical areas where the status and number of victims is not yet known such as hurricanes or wildfires. A FAC will include lodging for families, whereas the FIC will not because this service will typically be provided through the opening of emergency evacuation shelters. When the FAC is established at a hotel, it is important to brief hotel staff about the importance of confidentiality and respect for the families.

MEMA has overarching authority over the FAC/FIC, but will not be staffing the facility. The Red Cross will manage the facility, but it will be staffed by multiple agencies and organizations.

16.2 *Aviation Disaster Family Assistance Act*

A mass fatality involving an air carrier is managed differently than other mass fatalities. Under the Aviation Disaster Family Assistance Act of 1996, air carriers are required to care for the families of passengers. This includes handling phone calls from families of passengers, establishing a Family Assistance Center, arranging travel for families to the site, and notifying next-of-kin that a passenger was confirmed to be on the manifest.

Although the burden of caring for families of passengers and establishing a Family Assistance Center falls on the airline, the agencies and organizations identified in this plan will be prepared to assist the airline as needed. The OCME will still have responsibility for identifying remains and will work very closely with the airline.

16.3 *Facility Requirements*

The ideal location for a FAC/FIC will depend on the incident. If it is safe, the FAC/FIC may be located close enough to the incident site to allow families to be easily transported for site visits if necessary. However, the location should never be close enough for families to view the incident site from the FAC/FIC.

The FAC is typically set up in a hotel to provide lodging for families and includes a number of specified designated areas. The FAC provides facilities designed to accommodate the immediate post-disaster needs of the families such as registration and information, meeting and greeting lounge areas, hotel rooms, travel information desk, dining facilities, childcare facilities, interfaith reflection rooms, medical area room, public briefing room and private briefing rooms to conduct antemortem questionnaires or provide notification and counseling to family members.

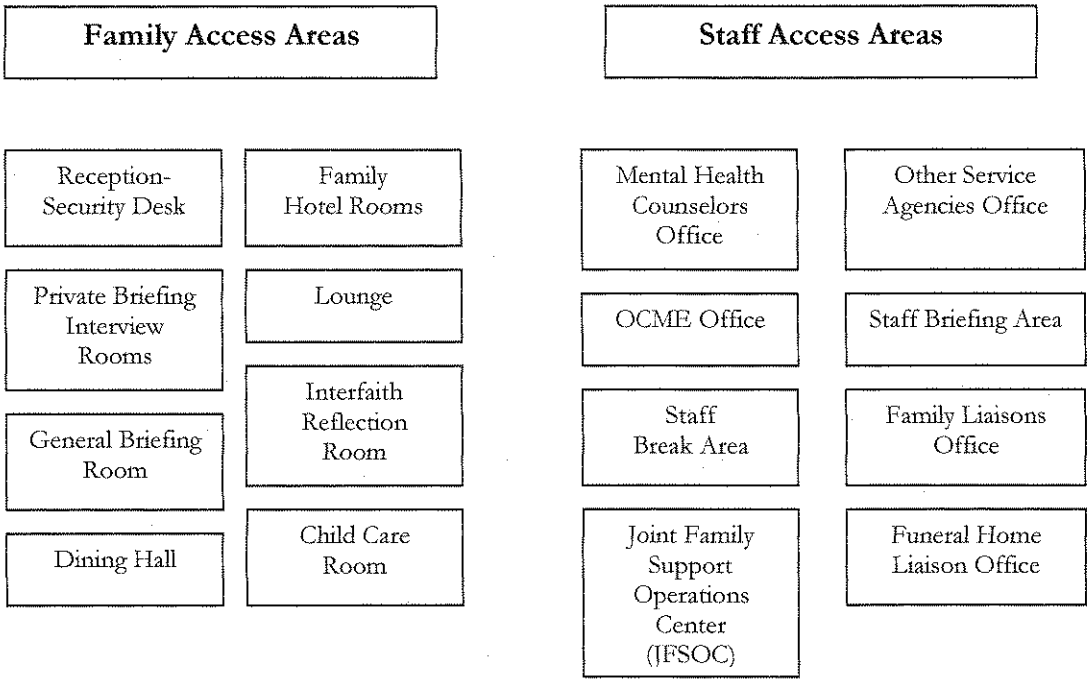
The FIC functions as a facility that provides a location where families can provide antemortem information on missing family members or friends, receive updates on the status and whereabouts of family members, receive compassionate and humanitarian care, and receive referrals to supporting agencies for food, housing, and legal assistance. The FIC operates 24/7, but does not include lodging for families.

The FAC/FIC may require many resources in order to meet the needs of families. Resources may be acquired by contacting emergency management.

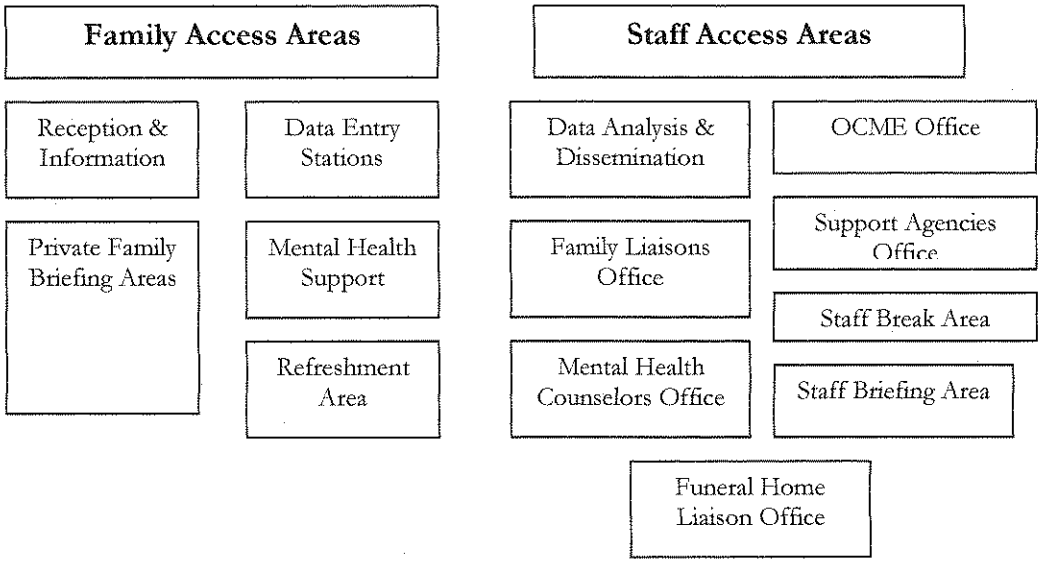
16.4 *Individuals Requiring Additional Assistance*

The FAC/FIC will be located in a facility that is compliant with the Americans with Disabilities Act (ADA). Staff at the FAC/FIC will contact MEMA to request assistance such as translators. Signage and information must also be accessible for individuals requiring additional assistance.

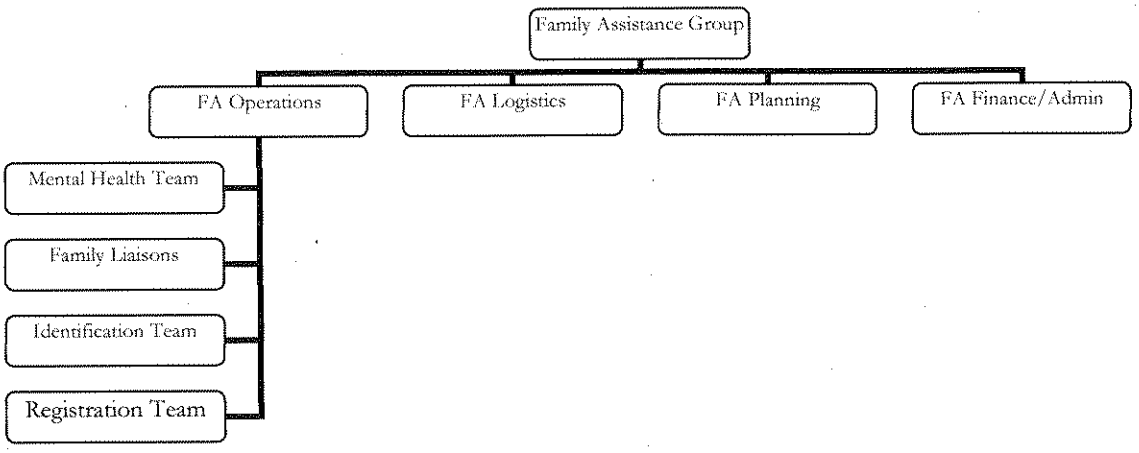
16.5 *Family Assistance Center Layout*



16.6 *Family Information Center Layout*



16.7 *Family Assistance Organizational Chart*



16.8 *Staffing*

The FAC/FIC is a safe haven for families of victims to gather to receive information about their loved ones and to provide information to the OCME to assist with identifications. Staffing the FAC/FIC with individuals who are trained to interact with families following a tragedy is crucial. The families at the FAC/FIC experience a wide range of emotions. Staffing the FAC/FIC with unqualified and unprepared individuals can have a long-term negative affect on the families as well as the staff.

Unified Command will be responsible for ensuring the establishment of a FAC/FIC. Unified Command will delegate this responsibility to the Operations Section Chief if the position is activated. This includes identifying an appropriate location for the FIC that is close enough to the incident for OCME staff and others to travel back and forth as needed between the FAC/FIC and other operational areas. The FAC/FIC must never be so close to the incident that families can view the site from the FAC/FIC. The impacted community may not have the immediate funding to open a Family Assistance Center. If deemed appropriate by MEMA, a Family Assistance Center can be opened as the incident progresses and additional funding and personnel become available. The community is still responsible for identifying a temporary location for families to gather until additional resources are available.

The FAC/FIC will need to be staffed 24/7 by mental health professionals and family liaisons. Unified command will contact MEMA to request the assistance of the Red Cross and the Department of Mental Health.

Unified Command and the Operations Section Chief will be working at the Command Post (not the FAC/FIC), but they must ensure that the FAC/FIC is established.

16.8.1 Family Assistance Group

The Family Assistance Group is managed by a Family Assistance Group Supervisor that will be staffed by the Red Cross. The Supervisor manages all operations concerning support to families of persons directly affected by the incident. Family Assistance is managed at a Family Assistance Center or Family Information Center.

16.8.2 Family Assistance Operations

Family Assistance Operations is responsible for providing services to the families of the persons directly affected. This includes registering families, providing for immediate needs, mental health support and gathering antemortem data.

16.8.2.1 Registration

The purpose of the registration process is to track who is in the FAC/FIC and to identify any individuals that should not be permitted in the FAC/FIC such as media or curiosity seekers. Initially it will be difficult to determine who should or should not be in the FAC/FIC. Media must never be permitted in the FAC/FIC. The Registration Team may be staffed by the Red Cross and the Department of Mental Health.

16.8.2.2 Family Liaisons

Family Liaisons are a very important part of the FAC/FIC staff. Family Liaisons are assigned to work directly with families as they wait for information regarding their loved one. The American Red Cross and the Department of Mental Health will provide Family Liaisons who are trained to work with people experiencing a tragedy. The role of the Family Liaison is to see that the immediate needs of the family members are addressed and that they are referred to mental health counseling, spiritual support and medical assistance if necessary.

16.8.2.3 Funeral Home Liaisons

Funeral Home Liaisons will be present at the FAC/FIC. They may serve as Family Liaisons or just be available to answer questions from families. Funeral Directors interact with grieving families regularly and can be relied upon for their expertise in this area.

16.8.2.4 Mental Health Team

The Mental Health Team is staffed by the Massachusetts MassSupport Disaster Behavioral Health Network, which is made up of various agencies, organizations and volunteers that are trained and qualified to provide behavioral health services. The Department of Mental Health will lead the coordination of this group following a mass fatality incident.

16.8.2.5 Identification Team

The Identification Team is staffed with medicolegal investigators from the OCME. The purpose of the team is to collect antemortem data from the victims' families that may help with the identification of remains. Once remains have been positively identified, the Identification Team makes notifications to the next-of-kin. The team works closely with the counselors at the FAC/FIC. The team will use the Identification Information forms (OCME Standard Operating Procedures) completed by families to gather much of the data.

16.8.2.6 Grief and Loss Counselors

The Department of Mental Health will provide specially-trained Grief and Loss Counselors to work with families as needed after notifications have been made by the Identification Team.

16.8.3 Family Assistance Logistics

The Family Assistance Logistics team is responsible for providing security, food, medical support for staff, supplies, facilities support, communications and ground transportation as necessary. The number of families being served will determine how many people need to staff logistics. This team will be staffed by multiple agencies, depending on availability.

16.8.4 Family Assistance Planning

The Family Assistance Planning Team maintains awareness of the current situation, tracks resources including personnel, manages documentation, and plans for the demobilization of family assistance staff. The number of families being served will determine how many people need to staff logistics. This team will be staffed by multiple agencies, depending on availability.

16.8.5 Family Assistance Finance/Administration

The Family Assistance Finance/Administration Team is responsible for tracking personnel time and family assistance costs, managing procurement of contracts, and overseeing compensation and claims for the family assistance group. The number of families being served will determine how many people need to staff finance/administration. This team will be staffed by multiple agencies, depending on availability.

16.9 *Telephone Inquiries*

Upon activation of the Mass Fatality Plan, Mass211 will be utilized to gather information from people who believe their family member may have been involved in the incident. MEMA is responsible for notifying 211 of the emergency and providing a script for the 211 operators. MEMA will develop the script with assistance from OCME and/or DPH. Once the script has been provided to 211, MEMA will be responsible for disseminating a press release requesting that anyone who believes a loved one was involved in the incident should

call 211 from instate and 1-877-211-MASS (6277) from out of state. The 211 operators collect the name, phone number and address of the caller. They also collect the name, phone number and address of the person for whom the caller is looking. Callers are informed that their call will be returned by the responsible agency in order to collect further information. 211 provides the information to the responsible agency (DPH or OCME), which will then contact the callers to gather more information and confirm whether or not the person about whom they called was involved in the incident.

If the incident occurs in Boston the Mayor's Emergency phone number will be activated (1-617-635-4500). This will be staffed 24/7 at City Hall. If the Mayor's Emergency phone number becomes overwhelmed then 211 will be activated to supplement. All other communities in Massachusetts will go directly to using 211.

16.10 *Website*

Following a mass fatality, the agency that activates the mass fatality plan will add a section to its website to provide information about the incident. The information may include press releases regarding the response to the incident or instructions for the public. The use of the websites for providing public information will reduce the number of incoming phone calls from individuals who are not directly impacted.

16.11 *Missing Persons*

A mass disaster that involves fatalities and survivors may also include missing persons. The American Red Cross will make the Safe and Well missing person website available to families looking for a loved one. The website allows victims to register on the website and report that they are safe using pre-scripted messages. The Safe and Well website is available through www.redcross.org. Families can go to the website and look up their loved ones if they have the person's name and pre-disaster phone number or full address. Privacy is respected. The results of a successful search will display a loved one's first name, last name, an "As of <date>", and the pre-scripted "Safe and Well" messages selected.

16.12 *Next-of-Kin and Family Members*

In accordance with MGL Chapter 38, Section 13, the notification of death and release of remains and personal property will be made to the surviving spouse, the next-of-kin, or any friend of the deceased, in that order. Next-of-kin will be determined by referring to the Degrees of Kindred chart (Appendix C).

FAC/FIC staff will be considerate of the fact that the interpretation of "immediate family" varies greatly. Friends as well as family members may be permitted in the FAC/FIC, but decisions regarding the deceased will be the responsibility of next-of-kin.

16.13 *Spiritual Support*

Some families may find it comforting to have a place at the FAC to pray, meditate or reflect. The FAC may include an interfaith room. It is essential that the interfaith room remains nondenominational. The room must be comfortable and calming, but will have no religious symbols. Local clergy may be contacted to provide spiritual support at the FAC.

16.14 *Family Briefings*

Families are briefed on a regular basis. At the conclusion of each briefing, the time of the next briefing will be announced. This will allow families to plan ahead. Information is provided to families before it is provided to the media. The Chief of Staff or designee of the responsible agency (OCME or DPH) will lead the briefings and will request other agency representatives to participate as needed.

The briefings include an update of the recovery and identification progress as well as any necessary explanations regarding the identification process. The briefings will be conducted even if there is very little new information. Families are allowed to ask questions during the briefing.

16.15 *Site Visits and Memorials*

It is common for families of victims to want to visit the site of the incident. This is acceptable only after all of the human remains have been recovered and the site is deemed safe. The families choosing to do this must be transported as a group and escorted to the site. A visit to the site by the families and survivors has become common practice and is important for the grieving process. Following an aircraft disaster, site visits of the families of the lost loves ones and survivors should be separate from site visits of the families of the crew to avoid sensitivity issues on the part of the families.

A memorial service may be held at the site at the time of the visit or may be held at a different location. Memorial services in honor of the victims of aircraft disasters usually take place 5 to 10 days following the crash. In accordance with legislation, a third party may coordinate with the National Transportation Safety Board, the American Red Cross, the airline and the families to arrange a suitable nondenominational memorial service. A permanent memorial may be established at the site of the incident at a later time. Typically this is done on the one-year anniversary of the incident.

16.16 *Family Assistance During a Pandemic*

During a pandemic, mass gatherings will be prohibited. Therefore, the typical family assistance model will not be appropriate. A combination of newspapers, television, radio, internet and Mass211 may be utilized to provide information to the public. The information that will be important to provide includes:

- General Information about the pandemic

- Financial Assistance – resources, application/referral process
- Social Security – access to death and disability benefits
- Legal Assistance – insurance benefits, death-related concerns
- Health and Safety Issues – food, water, medications
- Individualized Information and Support
- Burial Site
- Death Certificate Information
- Information regarding keeping the deceased in home when the potential exists for a prolonged period before removal of the body

17 Death Notification

The Identification Liaisons from the OCME makes notifications to next-of-kin after remains have been positively identified. Notifications may be made to next-of-kin at the Family Assistance Center/Family Information Center (FAC/FIC) or at the home of the next-of-kin. State and local law enforcement may assist with making notifications as needed. If next-of-kin live outside of Massachusetts, the law enforcement agency in their jurisdiction will be asked to make the notification.

18 Public Information

Following a mass fatality incident a Joint Information Center (JIC) may be activated at MEMA. The JIC may be established locally for mass fatalities that require only limited state involvement. All agencies involved in the incident will be represented at the JIC and will have input into the information released to the media.

18.1 *Office of the Chief Medical Examiner*

During a mass fatality incident that falls under the jurisdiction of the Office of the Chief Medical Examiner, the process for providing public information follows the current Executive Office of Public Safety and Security (EOPSS) protocol. The Chief of Staff from the OCME provides information regarding fatalities to the EOPSS Undersecretary for Forensic Science and Technology, Chief of Staff and Director of Communications. The Director of Communications develops a statement, which will be vetted by the Secretary and Under Secretaries of EOPSS and the Governor's Press Secretary before being delivered to the media.

All information regarding fatalities has to come from the OCME to the EOPSS Chief of Staff, Under Secretary for Forensic Science and Technology and Director of Communications. The information from the OCME is provided to the families prior to any statements to the media. It is essential that families are briefed before the media. The family briefings are led by the OCME Family Liaison Officer, and include others when needed as subject matter experts.

18.2 *Department of Public Health*

All MDPH Public Communication must be reviewed by the Executive Department of Health and Human Services Communications Office. However, during an event requiring rapid emergency communication, a less stringent communication review process may be implemented to accommodate the need for more rapid communication. Based on the level of the Public Health emergency, the Office of Public Health Strategy and Communications will have either primary or supporting responsibility for communication with the media – and with segments of the public other than partner and stakeholder groups - regarding health-related issues. During a Level 3 emergency, public/media communications will be directed and coordinated with and through the State Lead Public Information Officer (PIO). During a Level 2 emergency, the MDPH PIO will assume primary responsibility for public communication associated with an emergency or incident. The MDPH PIO will work in concert with an MDPH content expert in developing and delivering public information during an emergency.

19 Interoperable Communications

Following any mass disaster, including a mass fatality, responding agencies will follow their normal communications protocols. However, given the complexity and the number of agencies involved in a mass fatality, there are likely to be agencies that cannot communicate directly with each other. Any time that the Mass Fatality Plan is activated, the State Emergency Operations Center (SEOC) is at least partially activated. The partial activation includes MEMA communications personnel. Their role is to assist in resolving any communications issues between agencies and to relay information between agencies if necessary. If the SEOC is fully activated, agencies will be able to feed their information directly to their representative in the SEOC. The responsible agency for the mass fatality will have a representative in the SEOC. The presence in the SEOC will be particularly critical if the mass fatality incident is ongoing and requires coordination of recovery of remains with other efforts, such as in the aftermath of a hurricane. If this is not possible, the responsible agency will utilize WebEOC to provide updates to the SEOC.

20 Continuity of Operations

During a mass fatality, designated personnel need to handle essential daily operations while other personnel are assigned to the incident. A mass fatality incident takes an extended period of time to manage. All agencies and organizations involved activate their continuity plans to ensure that these operational functions are maintained.

21 Resource Coordination

Massachusetts Emergency Management (MEMA) is the lead agency for resource coordination. Resources may include personnel, equipment or supplies. Following a mass fatality incident, resource requests are funneled through the MEMA Regional office in Tewksbury, Agawam, or Bridgewater. If the Regional office cannot secure the requested resource, the request is passed on to the MEMA headquarters. MEMA relays the request to the appropriate Emergency Support Function (ESF) depending on the nature of the request. Federal assets may be requested through MEMA following a Presidential Disaster Declaration, as described in Section 22.0. The agency requesting a resource is responsible for any associated costs.

An Emergency Operations Center (EOC) may be activated at the local and/or state level. This helps facilitate the tracking of resources and ensures continuous support for the duration of the incident. Some local jurisdictions have a lot of resources and may be self-sufficient longer than other jurisdictions. MEMA will communicate with the local jurisdiction to determine if support from the State EOC is needed or if the incident can be supported locally.

21.1 *Resource Requests*

Requests for resources will be specific with a type and kind description, as well as a description of the mission. This will allow for more accurate and efficient use of resources.

21.2 *Emergency Management Assistance Compact (EMAC)*

If the Governor declares a State of Emergency, resources may be requested from other states through the Emergency Management Assistance Compact (EMAC). EMAC is facilitated by MEMA. MEMA manages all resource requests to other states.

Further information about EMAC can be found on the National Emergency Management Association website: http://www.emacweb.org/.

21.3 *International Emergency Management Assistance Compact (IEMAC)*

The International Emergency Management Assistance Compact (IEMAC) is an agreement between Massachusetts, Connecticut, Rhode Island, Maine, Vermont, New Hampshire, New Brunswick, Newfoundland/Labrador, Prince Edward Island, Quebec, Nova Scotia, and New Brunswick. Resource requests through IEMAC are facilitated by MEMA. IEMAC does not require a State of Emergency Declaration, making the requesting party responsible for all costs unless the governor later declares a disaster.

Further information about IEMAC can be found at the International Emergency Management Group website: http://www.iemg-gigu-web.org/.

21.4 *Licensing*

Personnel holding a professional license in another state will be considered licensed in Massachusetts as long as they have been deployed properly under EMAC or IEMAC.

21.5 *Mass Disaster Supply Inventory*

The OCME maintains an inventory of mass disaster supplies specifically for mass fatalities. The supplies are activated by OCME according to standard operating procedures.

22 Federal, State and Local Interface

Following a State of Emergency declaration, the Governor may also request a Presidential Disaster or Emergency Declaration, in order to seek federal assistance under the Stafford Act. MEMA will work with the Region 1 Federal Emergency Management Agency (FEMA) to determine whether the situation warrants a declaration. Upon approval of the Presidential Disaster Declaration, MEMA will facilitate the requests for federal assets. This process may take 24-48 hours. The federal agencies responding integrate into the response system, coordinated by FEMA in accordance with the National Response Framework (NRF). Under Emergency Support Function #8 (ESF #8 - Public Health and Medical Services) of the NRF, the US Department of Health and Human Services (US DHHS) is the primary agency responsible for coordination of fatality management activities, with authority to deploy federal assets to support local and state governments to mitigate the effects of a disaster.

Under the NRF, the incident remains a local responsibility and any federal agencies involved assist state and local authorities in the execution of their duties.

Alternatively, in the absence of a presidential declaration of emergency or disaster under the Stafford Act, the Governor, MEMA or the Massachusetts Department of Public Health may request assistance with fatality management directly from US DHHS. Under the authorities of the Public Health Service Act, HHS may provide assistance to the Commonwealth with organic resources, including the Disaster Mortuary Operational Response Teams (DMORTs) of the National Disaster Medical System.

22.1 *Declarations*

Emergency declarations may be initiated at the local, state and federal level. The purposes of emergency declarations are to mobilize assets and utilize resources to the fullest extent possible in order to protect people and property. A local state of emergency is declared by the Chief Municipal Officer of the city or town. A state of emergency is declared when an emergency exceeds local assets. A Commonwealth state of emergency is declared by the Governor. The declaration allows officials to take actions deemed necessary to protect people and property. Each declaration will state the emergency measures that will be taken and the area included in the declaration, based on the circumstances.

22.2 *Federal Assistance*

As the ESF #8 lead agency under the NRF, (or under its own authorities), when requested by State, tribal, or local officials, US DHHS will assist the jurisdictional medico-legal authority and law enforcement agencies in the tracking and documenting of human remains and associated personal effects; reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains (when indicated and possible); establishing Incident Morgue facilities; determining the cause and manner of death; collecting antemortem data in a compassionate and culturally competent fashion from authorized individuals; performing postmortem data collection and documentation; identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and preparing, processing, and returning human remains and

personal effects to the authorized person(s) when possible; and providing technical assistance and consultation on fatality management and mortuary affairs. In the event that caskets are displaced, US DHHS/ESF #8 assists in identifying the human remains, re-casketing, and reburial in public cemeteries. US DHHS/ESF #8 may task departmental components and request assistance from other ESF #8 partner organizations, as appropriate, to provide support to families of victims during the victim identification mortuary process.

22.2.1 US Department of Health and Human Services (Federal ESF-8 Lead)

Federal Fatality Management Teams can supplement and provide additional capabilities to meet State or local requirements. Federal fatality management assets include:

- Disaster Mortuary Operational Response Teams (DMORT).
- 10 Regional Teams (subject matter experts / technical advisors)
- DMORT-WMD (Search & Recovery and HR Decontamination Team

DMORT and other US DHHS personnel are experienced and provide the full spectrum of medico legal investigation, documentation, decontamination, recovery operation planning support and oversight, forensic capabilities to support identification and ancillary support services. These teams can be sourced to support and provide the investigative element for the recovery process by forward deployment or embedding into other recovery teams as technical advisors only – DMORT personnel **DO NOT** conduct the physical recovery of remains. They **CAN** provide specific planning guidance, support and oversight during the recovery operations in direct support of the jurisdictional Medical Examiner/Coroner.

Additional Federal ESF-8 Agencies which may support fatality management missions include, but are not limited to:

- NDMS/DMORT Family Assistance Center (FAC) Team
- NDMS/Disaster Portable Morgue Units - DPMU (there are three)
- NDMS Disaster Medial Assistance Teams (DMATs) – mission support at forward operating locations, morgue and FAC
- US Public Health Service (PHS) Commissioned Corps – operationally experienced physicians, dentists, behavioral health, environmental health and sanitarian officers, social workers, nurses (mission support)
- Centers for Disease Control and Prevention (CDC) personnel, including epidemiologists and Agency for Toxic Substances and Disease Registry (ATSDR) staff, CBRNE SMEs, and vital statistics support personnel
- Food and Drug Administartion (FDA), Centers for Medicare and Medicaid Services (CMS) Administration of Aging (AoA), Administration for Children and Families (ACF), and Federal Ocupational Health (FOH) among many other US DHHS agencies and operating divisions (mission support)
- US Veterans Administration
- Medical Reserve Corps (MRC) personnel, when federalized
- FBI

- Armed Forces DNA Identification Laboratory (AFDIL)
- US DHHS Civil Service and NDMS Intermittent Federal employees (mission support role)

22.3 *National Transportation Safety Board, Office of Transportation Disaster Assistance (NTSB-TDA Federal Assistance)*

The National Transportation Safety Board's Office of Transportation Disaster Assistance has statutory responsibility to provide family assistance coordination and facilitation of victim identification following major aviation and passenger rail accidents. US DHHS may also provide assistance to the Commonwealth when tasked by the NTSB under its own authority.

22.4 *National Guard*

All requests for National Guard assistance must go through MEMA. The National Guard may be deployed under USC Title 10 and USC Title 32 or on State Active Duty.

The resources that the National Guard may provide to assist with a mass fatality response include transportation, armed security for the incident site, incident morgue, holding facility and the Family Assistance Center, communications and lighting. They also have limited resources to augment the decontamination teams. The National Guard has personnel trained in mortuary affairs which may assist as needed.

22.5 *Federal Bureau of Investigation (FBI)*

The Federal Bureau of Investigation (FBI) is the lead agency for investigation and evidence recovery in a mass fatality resulting from an act of terrorism. In any mass fatality resulting from any cause other than terrorism, the FBI supports the agency that is leading the investigation and the evidence recovery. Additional FBI assets available to support a mass fatality incident include, but are not limited to, Special Agent Bomb Technicians, Hazardous Materials Response Teams, Special Weapons and Tactics Teams, Hostage Negotiations, Evidence Response Teams, Weapons of Mass Destruction Experts and Crisis Management Support.

22.6 *Federal Reimbursement*

Following a Presidentially Declared Disaster, the state and local government may be eligible for reimbursement for some costs incurred during the response. Accurate financial records for the incident are essential.

23 Incident Closeout

23.1 *Follow-Up*

Following a mass fatality incident there will be an After Action Review (AAR). This is initiated by the responsible agency, and should be no more than a few weeks after the incident. The responsible agency may request that another agency facilitates the AAR. Representatives from each of the agencies involved in the response will be present at the AAR. This is an opportunity to discuss what went well and should be repeated in future incidents, and to pinpoint areas that need improvement. The focus is on overarching multiagency issues. Action items which address the areas for improvement will be identified before concluding the AAR. An individual is appointed to follow up on each of the action items periodically to ensure they are completed. A formal report detailing the AAR will be completed and dispersed to all of the agencies that participated in the response. Individual agencies may choose to also hold an AAR to discuss internal plans and procedures that may need to be revised.

23.2 *Long-Term Considerations*

Following a mass fatality there will likely be long-term issues that will need to be addressed. These may include environmental damage, economic impact, grief counseling for family members and critical incident stress debriefing for staff. The agencies responsible for managing the long-term impacts will depend on the particular issue. It is useful to discuss the anticipated long-term considerations at the AAR in order to identify the responsible agency and to ensure that nothing falls through the cracks.

Appendix A Acronyms

AAR – After Action Review
ADA – Americans with Disabilities Act
CARS – Collision Analysis and Reconstruction Section
CBRN – Chemical, Biological, Radiological, Nuclear
CDC – Center for Disease Control
CISM – Critical Incident Stress Management
CME – Chief Medical Examiner
DFS – Department of Fire Services
DMORT – Disaster Mortuary Operational Team
DPH – Department of Public Health
EMAC – Emergency Management Assistance Compact
EMS – Emergency Medical Services
EOPSS – Executive Office of Public Safety and Security
ESF – Emergency Support Function
FAC – Family Assistance Center
FBI – Federal Bureau of Investigation
FEMA – Federal Emergency Management Agency
FIC – Family Information Center
IEMAC – International Emergency Management Assistance Compact
JFSOC – Joint Family Support Operations Center
JIC – Joint Information Center
MBTA – Massachusetts Bay Transportation Authority
MEMA – Massachusetts Emergency Management Agency
MFDA – Massachusetts Funeral Directors Association
MGL – Massachusetts General Law
MMRS – Metropolitan Medical Response Systems
MOU – Memorandum of Understanding
NIOSH – National Institute for Occupational Safety and Health
NTSB – National Transportation Safety Board
OCME – Office of the Chief Medical Examiner
OSHA – Occupational Safety and Health Administration
PAPRS – Powered Air-Purifying Respirators
PPE – Personal Protective Equipment
SAR – Search and Recovery
SEOC – State Emergency Operations Center
USC – United States Code

Appendix B Critical Incident Stress Management (CISM) Team Directory

District Teams serve the towns within their fire district.

MA Peer Support Network
Sandy Scerra, Coordinator
978-808-7454 (cell)
978-630-0099 (home)

District 1
Cape & Islands
Crystal LaPine, Coordinator
800-352-7141

District 2
Plymouth County
Debi Ladd, Coordinator
508-747-1779
508-789-7000 (cell)

Districts 3&4
Bristol/Norfolk
Keith H. Jackson, Coordinator
508-951-2951

Districts 5&15
Metro Boston
Diane Moran, Coordinator
617-746-7676

District 6
Greater Lowell
Mike Curran/Tom Greenhalgh,
Coordinators
800-614-CISM (2476)

District 7
Central Mass
Bill Bernhart, Coordinator
508-799-7306

District 8
Montachusetts
Gil Bernard, Coordinator
508-899-0055

Districts 9, 10, 11, 12
Western MA
Linda Moriarty, Coordinator
413-586-6065

District 13
Metro Boston Fire
Frank Jones, Coordinator
781-249-2182

District 14
Concord/Carlisle
David Flannery, Coordinator

Additional Teams Serving the Network:

Cambridge Fire
Mike Travers, Coordinator
617-571-2697

WINGS
Kathy Minehan, Coordinator
617-416-0773

PFFM
John Brown, Coordinator
617-791-9285

Worcester Fire
Ken Dion, Coordinator
508-951-3466

Boston Police
Tom Famolare, Coordinator
617-224-2752

Boston EMS
Virginia Famolare, Coordinator
617-968-0833

Appendix C Degrees of Kindred Chart